

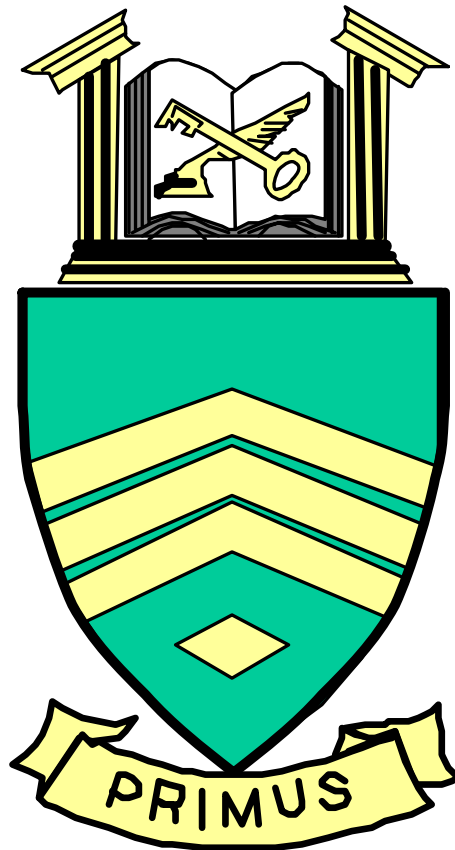
U.S. ARMY SERGEANTS MAJOR ACADEMY (FSC-TATS)

L669

OCT 03

SUPERVISE THE IMPLEMENTATION OF THE ARMY SUBSTANCE
ABUSE PROGRAM (ASAP)

STUDENT HANDOUT



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HANDOUTS FOR LESSON 1: L669 version 1

**This Appendix
Contains**

This appendix contains the items listed in this table--

Title/Synopsis	Pages
SH-1, Advance Sheet	SH-1-1
SH-2, Student Notes	SH-2-1 to SH-2-10

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Student Handout 1

Advance Sheet

Lesson Hours

This lesson consists of two hours of small group instruction.

Overview

Unit first sergeants play a key role in management of the unit ASAP. This lesson will assist you in ensuring your soldiers stay "fit to fight." It provides you the necessary training to implement and manage an effective unit ASAP. This lesson consists of a before class reading assignment, a practical exercise and a classroom discussion.

Learning Objective

Terminal Learning Objective (TLO).

Action:	Interpret the unit Army Substance Abuse Program (ASAP).
Conditions:	As a first sergeant, in a classroom environment, given AR 600-85 and student handouts.
Standards:	Implement the Army Substance Abuse Program (ASAP) and pass a 40 question, written examination with a score of 70 percent or better IAW AR 600-85.

- ELO A** Identify the Army Substance Abuse Program (ASAP).
 - ELO B** Identify the commander's ASAP responsibilities.
 - ELO C** Identify alcohol and other drug abuse prevention measures.
 - ELO D** Explain ASAP identification, referral, screening, and evaluation procedures.
 - ELO E** Identify the ASAP rehabilitation process.
 - ELO F** Explain the limited use policy.
 - ELO G** Identify biochemical-testing procedures.
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Assignment

The student assignments for this lesson are:

- Read AR 600-85, Chapters 1 thru 8 and skim App B.

Additional Subject Area Resources

None.

Bring to Class

- Pen or pencil and writing paper.
 - All reference material received for this lesson.
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Student Handout 2

This handout contains duplicate lesson slides for the students to take notes.

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TERMINAL LEARNING OBJECTIVE

Implement the Army Substance Abuse Program (ASAP)

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ASAP MISSION/OBJECTIVES

- Increase individual fitness/unit readiness.
- Provide services that emphasize drug and alcohol deterrence, prevention , education and treatment.
- Implement alcohol/drug abuse risk reduction.
- Restore to duty substance-impaired soldiers who have potential for continued military service.
- Provide alcohol and drug-free leisure activities.

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ASAP MISSION/OBJECTIVES (cont)

- Ensure personnel assigned to ASAP staff are experienced and properly trained.
- Reduce alcohol and drug abuse by civilians to achieve maximum productivity and reduce absenteeism and attrition of civilians.
- Improve readiness by extending services to total Army.
- Ensure quality customer service.

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ASAP PRINCIPLES

- Alcohol/drug abuse are inconsistent with Army policy and standards.
- Commanders intervene early and refer suspected/identified soldiers to ASAP.
- ASAP participation is mandatory (Article 86 violation if not attended).
- Alcohol/drug abusers may be enrolled in ASAP.
- Failure to participate or successfully complete rehabilitation will result in administrative separation.

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ASAP PRINCIPLES (cont)

- ASAP addressed as single program.
- Commander retains authority to make decisions.
- ASAP available to civilians and dependents.
- Aggressive biochemical program serves as a deterrent to drug and alcohol abuse.
- High priority given to prevention/education.
- Commander will refer individuals involved in alcohol related workplace violence to ASAP.
- Law enforcement will not infiltrate nor solicit information from soldiers in ASAP.

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ASAP ELIGIBILITY CRITERIA

- U.S. citizen DOD civilian employees.
- Foreign national employees with Status of Forces Agreement treatment arrangements.
- Retired military personnel.
- Family members of eligible personnel.
- Other service personnel when under control of an Army installation commander.
- ARNG/USAR not on active duty on a space/resource available basis.

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ALCOHOL POLICIES AND CONTROLS

- Maintain workplace alcohol free.
- Alcohol abuse and misconduct not tolerated.
- Commanders must educate the soldiers about alcoholism and its effects.
- Commanders must identify soldiers that abuse alcohol and refer them for screening, prevention training, and treatment.
- Unannounced unit inspections and testing for alcohol.

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ALCOHOL SANCTIONS

- Administrative separation for misconduct involving alcohol, drunk on duty or DWI.
- Military on duty will not have alcohol blood level of .05 grams per 100 milliliters of blood.
- Detoxify and provide medical treatment to soldiers identified as alcohol dependent.

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ILLEGAL DRUGS AND SANCTIONS

All soldiers, including Title 10 ARNG and USAR, identified as drug abusers will:

- Be referred to ASAP for screening.
- Be processed for an administrative discharge IAW AR 635-200 (except self referrals).
- Discharge IAW CH 14, AR 635-200 for drug trafficking.
- Be considered for disciplinary action under UCMJ.

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COMMANDERS OF COMPANIES/ DETACHMENTS WILL:

- Appoint officer or NCO (SGT or above) as Unit Prevention Leaders (UPL).
- Implement biochemical testing program.
- Implement ASAP prevention and education.
- Brief all new soldiers on ASAP policies and services.
- Maintain liaison with ASAP clinical and non-clinical personnel.

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COMMANDERS OF COMPANIES/ DETACHMENTS WILL: (cont)

- Maintain ASAP elements while deployed.
- Support soldier risk reduction.
- Work with Risk Reduction Coordinator.
- Immediately report all offenses of illegal possession, use, or referral to the Provost Marshal.
- Assess program and provide feedback to the Risk Reduction Coordinator.

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ALCOHOL/DRUG ABUSE PREVENTION OBJECTIVES

- Prevent , deter, and reduce alcohol and drug use.
- Provide soldiers with substance abuse prevention and awareness training:
 - ASAP policies and services.
 - Consequences of alcohol/drug abuse.
 - Incompatibility of alcohol/drug abuse with physical/mental fitness, readiness, and Army values

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PREVENTION POLICIES

- Tailored to diverse groups and integrated with other mission-related efforts.
- Emphasize cooperation with the total community and encourage military involvement in drug/alcohol prevention.
- Education/training programs should include the effects and consequences of alcohol/drug use.
- Alcohol deglamorization is an essential element of the Army prevention program.

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PREVENTION POLICIES (cont)

- Commanders/supervisors should have the information and skills to enable early identification of substance abusers.
- Alcohol/drug abuse education conducted throughout the Army Training System.
- Risk reduction prevention supports readiness and is promoted at all levels.
- Installation plan promotes full range of services available and an identified evaluation methodology.

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ADAPT TRAINING ELIGIBILITY

- Those referred and screened but not enrolled in ASAP.
- Those referred, screened, and enrolled in ASAP as part of individual treatment plans.
- Those referred by commander for reasons related to poor performance, behavior, and disciplinary problems.
- Those who volunteer.

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COMMANDER REFERRAL ACTIONS

- Coordinate with law enforcement on conduct of initial interview.
- If limited use applies, consult with the ADCO and legal advisor.
- If law enforcement does not conduct initial interview, advise the soldier of their rights (ART, 31).
- If law enforcement does not conduct investigation, inform them of the evidence.

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COMMANDER REFERRAL ACTIONS (cont)

- If law enforcement does not conduct investigation, give soldiers the opportunity to provide additional evidence.
- If law enforcement does not conduct investigation, collect any illegal drugs and paraphernalia that soldiers volunteers.

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ASAP RECOMMENDATIONS

- Unit counseling.
- Referral to other agencies.
- No ASAP services required now.
- Referral to ADAPT.
- Enrollment in ASAP rehabilitation.

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REHABILITATION OBJECTIVES

- Return soldiers to full duty.
- Identify soldiers who cannot rehabilitate and advise the commander.
- Assist and refer soldiers who cannot be rehabilitated to a treatment facility where they will reside after discharge.
- Help resolve family alcohol/drug abuse to ensure the soldier performs more effectively.

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REHABILITATION PROCEDURES

- Referral methods, assessment, and treatment determination.
- Rehabilitation/treatment program.
- Rehabilitation progress.
- Type and frequency of treatment.
- Rehabilitation/treatment appointments.
- Return to duty.

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LIMITED USE POLICY PROTECTED EVIDENCE

- Results of command-directed biochemical testing inadmissible by military rules of evidence.
- Results of biochemical testing solely as part of limited use in an accident analysis.
- Information collected as a result of a soldier's emergency medical care solely for possible drug overdose.
- Soldier's self referral.

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LIMITED USE POLICY PROTECTED EVIDENCE (cont)

- Admissions to physician or ASAP counselor during counseling reflecting personal use prior to initial date of referral.
- Biochemical test results if soldier submits to Army treatment prior to a lawful test.
- Results of biochemical test solely as part of rehabilitation or treatment program.

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IMPLEMENTATION OF THE LIMITED USE POLICY

- Commander explains limited use policy during commander's interview.
- Soldier's reluctance to assist an overdose victim because they may be abusers themselves.
- Soldiers receive honorable discharge if based on a proceeding where government initially introduced limited use evidence.

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IMPLEMENTATION OF THE LIMITED USE POLICY (cont)

- Improperly introduced limited use evidence, before the board convenes, reinitiates the elimination proceeding but excludes all reference protected by "limited use policy".
- Bottom line, commander should seek advice from the supporting legal office.

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BIOCHEMICAL TESTING CIRCUMSTANCES

- **Inspection.**
- **Search or seizure/probable cause.**
- **Competence for duty.**
- **Rehabilitation.**
- **Mishap or safety inspection.**
- **Consent.**
- **New entrant.**
- **Medical.**

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PRACTICAL EXERCISE SHEET PE-1

Title	Army Substance Abuse Program (ASAP)		
Lesson Number/Title	L669 version 1 / Army Substance Abuse Program (FSC RESIDENT)		
Introduction	As a first sergeant, you need to know the ASAP procedures.		
Motivator	The Army Substance Abuse Program (SAP) is important. It will help you; the first sergeant and your commander identify suspected abusers. This practical exercise will assist you in understanding the objectives of the ASAP program.		
Learning Step/Activity	<p>NOTE: The instructor should inform the students of the following Learning Step/Activity requirements. (ELO G.2)</p> <p>At the completion of this lesson, you [the student] will:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Action:</td> <td>ASAP PE-1</td> </tr> </table>	Action:	ASAP PE-1
Action:	ASAP PE-1		
Safety Requirements	None		
Risk Assessment Level	Low		
Environmental Considerations	None		
Evaluation	<ul style="list-style-type: none"> This is not a graded exercise. After completion of the PE, you will receive a solution sheet. As a group, you will discuss the solution and resolve any misunderstandings. It should take you approximately 15 minutes to complete the items. You will discuss the PE during the last portion of the lesson. 		
Instructional Lead-In	<p>ASAP is a personnel program that includes prevention, identification, education, and rehabilitation services. The program includes nonresidential and partial inpatient care program. The ASAP is responsive to the chain of command and supports the morale, safety, and combat readiness of the Army (AR 600-85, pg 68). This lesson will acquaint you with the program and will make it easier for you, as 1sg, to deal with any drug and alcohol problem that you may encounter in your unit.</p>		

Resource Requirements

Instructor Materials:
None.

Student Materials:

- Pen or pencil and writing paper.
 - All reference material issued for this lesson.
 - AR 600-85.
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Special Instructions

On a blank sheet of paper, record the best answer to the following questions.

You may write out the answer, or put the letter of the best response. If you have time, include the reference in your answer.

Procedures**ITEM 1:**

Two of the objectives of the ASAP are to:

- Publicize adverse consequences of drug and alcohol abuse and encourage cooperation between the military police and the ASAP staff.
- Publicize adverse consequences of drug and alcohol abuse and separate alcohol and other drug abusers from the military.
- Increase individual fitness and restore to duty those soldiers with the potential for continued military service.
- Reduce drug and alcohol abuse and separate all alcohol and other drug abusers from the military.

ITEM 2:

One of the Army substance abuse program's prevention policies is to:

- Provide all members of the military community with the information needed to make responsible decisions about personal use of alcohol.
- Provide all members of the military community with the information needed to make responsible decisions about personal use of drugs.
- Have senior NCOs present training.
- Incorporate training in the unit METL.

ITEM 3:

Two methods to identify alcohol and other drug abuse are:

- a. Biochemical identification and investigation/apprehension.
- b. Command identification and senior NCO identification.
- c. Command identification and suspect behavior.
- d. Medical identification and suspect behavior.

ITEM 4:

When identifying individuals (voluntarily or involuntarily) as abusers of alcohol or other drugs, what are two of the commander's responsibilities?

- a. If law enforcement does not initiate an investigation advise soldiers of their rights and turn them over to the military police.
- b. Collect any illegal drugs the soldiers voluntarily relinquish and segregate the soldiers for questioning by the military police.
- c. If law enforcement does not initiate an investigation, interview soldiers and inform them of the evidence.
- d. Initiate flagging action and advise soldiers of their rights.

ITEM 5:

A requirement for medical evaluation of alcohol or other drug abusers after ASAP screening is to evaluate:

- a. All cases to determine extent of alcohol or other drug abuse.
- b. Cases of suspected alcohol and/or drug dependence.
- c. Illegal drug abusers (including suspected cannabis).
- d. Random cases prior to entry into inpatient treatment.

ITEM 6:

The ADAPT training is implemented through a minimum of:

- a. 12 hours of training.
- b. 6 hours of training.
- c. 18 hours of instruction.
- d. 24 hours of instruction.

ITEM 7:

The areas the commander must evaluate when determining the progress of a soldier in ASAP rehabilitation are:

- a. Drug abuse and lack of motivation.
- b. Duty performance and lack of motivation to overcome alcohol use.
- c. Duty performance, conduct and relationships with other co-workers.
- d. Less incidents of alcohol abuse.

ITEM 8:

When returning a soldier in ASAP rehabilitation to the unit, the commander and other key personnel must:

- a. Assign soldier only duties the ASAP staff recommends.
- b. Encourage soldier to participate in prescribed treatment.
- c. Discourage soldier to participate in unit activities.
- d. Reassign soldier to a different platoon.

ITEM 9:

A drug dependent soldier, as determined by a physician, will be:

- a. Detoxified and processed for deployment.
- b. Suspended and sent to unit.
- c. Detoxified and processed for administrative separation.
- d. Allowed to be a self-referral.

ITEM 10:

One of the requirements for implementation of the Limited Use Policy in the unit is that the commander:

- a. Explains the Limited Use Policy at officer professional development and NCODP classes.
- b. Explains the Limited Use Policy during the commander's interview.
- c. Should seek advice from the battalion adjutant.
- d. Should seek advice from the battalion ASAP NCO.

ITEM 11:

One objective of biochemical testing is to:

- a. Determine how many soldiers are drug free.
- b. Determine the need for ASAP education in the unit.
- c. Collect data on the prevalence of alcohol abuse in the Army.
- d. Validate suspect drug abuse.

ITEM 12:

One of the eight circumstances for urinalysis testing is:

- a. Blood.
- b. Breath.
- c. Competence for duty.
- d. Security clearance.

ITEM 13:

The minimum rate of testing per AD soldier is:

- a. Four random samples per year.
- b. Five random samples per year.
- c. One random sample per year.
- d. Ten random samples per year.

ITEM 14:

Who may request a retest of a positive specimen?

- a. Submitting command, the MRO, the soldier, or his attorney.
- b. Submitting command, the MRO, the soldier, or his immediate family.
- c. The Chaplain.
- d. Local law enforcement.

ITEM 15:

When a soldier requests a specimen retest outside the DOD laboratory system it is:

- a. A responsibility of the command to ensure return of the specimen to DOD control.
- b. A unit responsibility to prepare the specimen transfer request.
- c. An ASAP staff responsibility to initiate the request.
- d. At the soldier's own expense.

**Feedback
Requirements**

You will participate in an After Action Review (AAR) immediately following the examination for this particular lesson.